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glion of the corpus mamillare and the bundle of Vieq d'Azyr, but there was no indication that this bundle crossed as described by v. Monakow. These facts, besides showing the multiple origin of the fornix (v. Gudden), are taken to indicate that the most inferior of the fornix bundles arises from the lateral ganglion of the corpus mamillare (against v. Gudden), and that a connection exists between the tuberculum anterius and the parietal and occipital lobes.

*Ueber die experimentelle Verstopfung der Sinus Durae Matris.* P. FERRARI. Wiener med. Jahrb. 1888, p. 81.

Contributions showing the conditions necessary for the circulation within the cranium are a natural result of the present interest in the surgical interference with the brain. By the injection of sterilized masses of wax and oil into the various cranial sinuses of the dog, the author has produced a mechanical obstruction in different portions of the venous outflow from the brain. The injection was made through the vena facialis or the vena ophthalmica, as the occasion demanded. By this means the sinuses of the roof or the base of the skull or the sinus cavernosus could each of them be separately injected, and when the injections were made at intervals, wax of different colors was used, thus enabling the experimenter to trace the result of each injection at the post-mortem. The general result was that very extensive plugging of the sinuses could be made without any serious symptoms or without giving rise to degenerative changes in the brain substance in the neighborhood of the plug. Indeed, all the sinuses of the roof could thus be plugged without causing any symptoms, but when all outflow was cut off the dog died in a few minutes, death being usually preceded by an epileptic attack.

*Ueber drei Fälle von progressiver Paralyse mit Herderkrankungen in der inneren Kapsel.* TH. ZACHER. Archiv f. Psychiatrie, XIX, 3, S. 726.

The descriptive anatomy of the brain suffers much confusion from the fact that it is, as a rule, very difficult to designate the exact level of the section by anything except a figure or an elaborate description. The latter is wearisome, but the lack of it may often cause misunderstanding. The position of the various tracts in the internal capsule is a case in point, for here the relative position is largely influenced by the level at which the section is made. This appears to be one source of the somewhat conflicting accounts of several authorities. From a study of his three cases, the author takes sides in the following way. A horizontal section of the brain made at such a level as to give nearly the maximum distance between the head and tail of the caudate nucleus displays the bands of white matter forming the internal capsule, the anterior limb lying between the head of the caudate and the lenticular nucleus, and the posterior limb between the lenticular nucleus and the optic thalamus. The two limbs meet at almost a right angle in this section, and form the portion known as the knee of the internal capsule. In the first case of the author, the lesion involved the major portion of the anterior limb, except the neighboring part of the knee, and no secondary degeneration was found in the corresponding crus. In the second case, the portion of the knee intact in the first instance was affected, and there was marked degeneration in the mesial portion of the pes. From this it is concluded that those fibers coming

from the frontal regions and traversing the entire extent of the internal capsule lie in the anterior third of the knee. In the second case also, the degeneration involved the first third of the posterior limb and there was no degeneration in the pyramidal tract, while in the third case the lesion was in the middle of the posterior limb and the pyramidal tract had degenerated. The last two cases favor Flechsig's view that the pyramidal fibers are never located in the anterior third of the posterior limb of the internal capsule, as against Charcot, who teaches that they extend into this region. In the third case, the lesion, which was on the left side and it will be recollected was accompanied by pyramidal degeneration, had but a *transient* paralysis on the right side as its consequence. This very remarkable fact the author seeks to explain by reference to the results of Goltz on dogs, and in his explanation speaks of fibers for both halves of the body arising from each hemisphere, but both acting only under exceptional conditions.

(Recent work gives ground for expressing this idea in a somewhat different way. The spinal centers in the dog and other lower forms retain the power to act bilaterally, whether the impulse comes from one hemisphere or the other. In man and the apes, this bilateral character is as a rule lost, each half of the spinal center responding to its own hemisphere alone. A case like this would then be an example of the retention of a primitive condition by one of the higher forms.—D.)

*Contributo alla fisiopatologia del cereletto.* A. BORGHERINI. (Revista sperimentale di Freniatria e di Medicina legale, XIV, 81.) Abstracted by Paneth, Centralbl. f. Physiologie, Feb. 1889, No. 22.

The author has spooned out the cerebellum, either in part or completely, from dogs, and afterwards observed them, sometimes for months. In both total and partial removal the symptoms were similar, but more severe and persistent in the former case, as might be expected. Following total removal there was at first great difficulty, which might amount to inability to move, that depended on a spastic condition of the muscles. With recovery from this extreme condition, the motions of the animal still remained slow, uncertain and simple. Sensibility was as a rule unaffected. In cases of partial removal, uncertainty and trembling were the prominent symptoms, which often completely disappeared in a week or two. The muscles of the eyes and of mastication did not appear ever to be affected. To meet the objection that the persistent ataxia in the two cases of total removal was dependent on the secondary degenerations that were found, the author reports the case of a dog becoming spontaneously ill, exhibiting symptoms similar to those in the above two cases, and showing at the autopsy a degeneration of only the gray matter of the cerebellum.

*Ein Fall von hochgradiger Zerstörung des Kleinhirnwurms, nebst casuistischen Beiträgen zur Lehre von der sogenannten cerebellaren Ataxie.* E. BECKER. Virchow's Archiv, CXIV, H. 1, S. 173.

In this case there was during life no disturbance either of motion, sensation or intelligence. The autopsy revealed two old apoplectic cysts, one in the left cerebellar hemisphere, and the other involving all the vermis except the lingula, lobus centralis, uvula and nodulus.